CONCLUSIONS: This core set intends to ensure that data from different GCA registries and databases can be compared for the dual purposes of clinical research and improving clinical care, thereby facilitating collaborative analyses.

Disclosure of Interest: L. Ehlers: None declared, J. Asking Grant/research support from: Abbvie, BMS, MSD, Pfizer, Roche, Astra-Zeneca, Eli Lilly, Samsung Bioepis, UCB, J. Bilsma Consultant for: Roche, SUN, M. Cid Consultant for: Roche, M. Cuto Consultant for: Mundipharma, Horizon, B. Dasgupta Grant/research support from: Napp, Roche, Consultant for: Roche, Servier, GSK, Mundipharma, Pfizer, Merck, Sohi, Speakers bureau: UCB, Merck, C. Dejaque Consultant for: Pfizer, MSD, Consultant for: MSD, Pfizer, UCB, AbbVie, Roche, Novartis, Lilly, Celgene, Merck, Sandoz, GSK, W. Dixon Consultant for: Bayer, F. Buttgereit Grant/research support from: Horizon, GSK, Pfizer, and UCB, Consultant for: AbbVie, AstraZeneca, BMS, Celgene, Lilly, MSD, Pfizer, Roche, K, Gilbert Consultant for: PMRGCAuk, S. Mackie Grant/research support from: Roche, GSK, Consultant for: Roche, Sanofi, Chugui, PMRGCAuk, A. Mehr Consultant for: Roche-Chugai, E. Matteson Grant/research support from: Novartis, Bristol Meyer Squibb, Hoffman-La Roche, Genentech, Consultant for: Glaxo-Smith-Kline, Endooyce, L. Neill Consultant for: PMR-GCA France, C. Salvarani Consultant for: Roche, W. Schmidt Consultant for: Roche, GlaxoSmithKline, Sanofi, A. Strangfeld Speakers bureau: Abbvie, BMS, Lilly, MSD, Pfizer, Roche, Sanofi, Aventis, UCB, R. van Vollenhoven Consultant for: AbbVie, BMS, Glukocorticoid, Pfizer, and UCB Consultant for: AbbVie, AstraZeneca, Biotest, BMS, Celgene, Crescendo, GSK, Janssen, Lilly, Merck, Novartis, Pfizer, Roche, and UCB, F. Buttgereit Grant/research support from: Horizon Pharma, Consultant for: Horizon Pharma, Mundipharma, Roche, Galapagos

REFERENCES:

Disclosure of Interest: None declared


SAT0537 IS BALANCE AFFECTED IN BEHÇET’S DISEASE AND WHAT ARE THE FACTORS THAT EFFECT THE BALANCE?

A. Célis, M. A. Melkoğlu. Department of Physical Medicine and Rehabilitation, Faculty of Medicine, Ataturk University, Erzurum, Turkey

Background: Behcet’s Disease (BD) is a multisystem vasculitis that has a broad range of manifestations. Balance as a complex task may be affected in BD and this may cause postural instability and fall risk.

Objectives: The aim of this study was to determine the fall risk in cases with BD with an objective computerised technique and to evaluate the potential related risk factors for falls in these cases.

Methods: After calculating sample size as 24 (with%5 confidence interval and %5 standard deviation), 30 patients with BD (according to The Behcet’s of the patients. Most studies compared mainly patients with disease relapses/ recurrences to whom without any.

Objectives: To compare patients who had multiple events to those who presented only one in order to identify characteristics and predictive factors of multiple events in patient with GCA

Methods: From 1976 to 2016, we collected prospectively clinical, laboratory, and pathological data, and the treatments and outcomes, of consecutive patients who were diagnosed to have GCA based ACR classification criteria. We compared these patients in patients who had more than one event (group 1), either a relapse or a recurrence, to those who had only one (group 2). Relapse was defined as occurrence of clinical symptoms and/or inflammatory parameters, attributable to GCA, which required increased medication during follow-up i.e. under GC therapy while new disease activity after a period of remission was defined as a recurrence.

Results: We included 494 patients for whom data was collected. Forty-seven patients were excluded from our cohort due to lack of data. Among the 447 patients, 228 (51%) presented at least one event. Mean age of this population was 73,3±7 years with female predominance (70%). The median follow-up was 75±55 months. Among these patients 139 (61%) had only one event while 89 (39%) presented more than one. The total number of events was 477 of which 89 recurrences. Events occurred during the first year of treatment in 74% of patients. The majority of these events occurred with a mean prednisone dose of 12.8±9 mg/day (median dose 10 mg/d). In univariate analysis, significant differences between both groups is illustrated in table 1. Multivariate analysis showed that ear pain and an elevated ESR were predictive factors of multiple events (OR: 2.45 and 1.93; p=0.04 and p=0.03 respectively). We also found that this risk is lower in patients over 80 years-old (OR: 0.35, p=0.008).

Table 1

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Group 1 (&gt;1)</th>
<th>Group 2 (=1); n=139</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (years)</td>
<td>72.67</td>
<td>75.34</td>
<td>0.011</td>
</tr>
<tr>
<td>Cough (%)</td>
<td>20.7</td>
<td>10.9</td>
<td>0.042</td>
</tr>
<tr>
<td>Ear pain (%)</td>
<td>19.5</td>
<td>9.4</td>
<td>0.029</td>
</tr>
<tr>
<td>PMR (%)</td>
<td>11.3</td>
<td>4.3</td>
<td>0.041</td>
</tr>
<tr>
<td>Duration of CS (m)</td>
<td>53.7</td>
<td>26.3</td>
<td>0.0001</td>
</tr>
<tr>
<td>Complications of CS (%)</td>
<td>28.4</td>
<td>16</td>
<td>0.024</td>
</tr>
<tr>
<td>Steroid sparing treatment</td>
<td>30.7</td>
<td>17.8</td>
<td>0.024</td>
</tr>
<tr>
<td>(%) Remission (%)</td>
<td>35.6</td>
<td>62.1</td>
<td>0.0001</td>
</tr>
<tr>
<td>Death (%)</td>
<td>23.8</td>
<td>36.4</td>
<td>0.046</td>
</tr>
</tbody>
</table>

Conclusions: Patients with more than 1 event represent 7% to 46% of patients with event 1-3 which is consistent with our study (39%). The event occurred most often during the first year of GC therapy in our cohort (74%) of patients while it affects 24% to 50% of patients in other series for the same period. This difference could be explained by the heterogeneity of GC protocols. We did not found any positive correlation with hypertension, diabetes, and deep vein thrombosis that seemed to be more frequent in patients with multiple events. In our study, this group of patients appeared younger and presented more oftenly with cough, ear pain, and polymyalgia rheumatica that preceded GCA. Logically, in these patients, corticosteroid therapy was longer and the use of GC-sparing agent was more common. Although getting remission was more difficult in these patients, the long-term prognosis is not poor.
Syndrome International Study Group Criteria) and 30 healthy controls were included. Cases who were not able to tolerate posturography, with a history of cardiovascular disease and known balance problems were excluded. The age, gender, disease duration, anamnesis of falls (last 12 months), fear of falling (yes/no) and drugs used were recorded. Also disease activity (with Behcet’s Disease Current Activity Form: BDCF) and fall efficacy (with Tinnetti’s Falls Efficacy Scale) were evaluated. Fall risk analysis was performed by Tetrax Interactive Balance System which is a computerised posturography device. By this method, fall risk is obtained as a numeric value (0–100) and as ranges indicating low, moderate or high risk of fall. We investigated age, gender, disease duration, fall anamnesis, fear of falling, drug usage, fall efficacy, disease activity as possible related factors to fall risk. Mann–Whitney U, chi square and Spearman correlation tests were used for statistical analysis.

Results: The mean ages of the cases and controls were 35.17±9.48 and 33.03±11.813 years, respectively. Symptom duration of the cases was 7.7±6.613 years. 7 cases (23.3%), 10 patients (33.3%) had anamnesis of falls during the last 12 months, whereas only 8 control (26.7%) had this anamnesis (p>0.05). Fear of falling was reported by 43.3% of the cases and 40% of the controls (p>0.05). There was no significant difference between case and control groups in terms of FES-I scores (15.97±9257 and 12.53±3048 respectively; p=0.599). With the computerised system used, significantly higher fall risk results were recorded in patients with BD than the controls (50.4±24 710 and 23.13±1,1811, respectively; p<0.001). Low, moderate and high fall risks were recorded as 30%, 33.3% and 36.7% of the cases and 70%, 30% and 0% of the controls and this distribution was also significantly worse in cases than controls (p<0.05). No significant correlation was found between fall risk and other factors including age, gender, disease duration, fall anamnesis, fear of falling, drug usage, disease activity except arthralgia which was significantly correlated with fall risk assessment in cases (p<0.05).

Conclusions: With an objective computerised technique, fall risk was found to be higher in cases with BD than controls in our study. The higher fall risk in these patients seems to be affected by joint involvement. An increased awareness of the potential fall risk and future studies investigating the possible coexisting balance problems in BD may contribute to the management.

Disclosure of Interest: None declared.


---

**AORTIC INVOLVEMENT IN RELAPSING POLYCHONDRIOSIS: A SYSTEMATIC REVIEW**

M. Erdogman, S.N Esatoglu, G. Hatemi, V. Hamuryudan. Internal medicine division of Rheumatology, Cerrahpasa Medical Faculty, Istanbul, Turkey

Background: Aortic involvement (AI) is an important complication of relapsing polychondritis (RP). Current literature is based on case reports and small case series.

Objectives: To delineate the clinical characteristics and outcome of AI in RP through a systematic literature review (SLR).

Methods: The following databases were searched: Medline, Embase, and Cochrane Library. The SLR was guided by Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) criteria. The search terms included: “relapsing polychondritis AND aortic involvement”.

Results: The SLR revealed 352 papers of which 162 were discarded at the first screening. A total of 190 articles were reviewed in full and 43 were considered to be relevant. The SLR revealed 352 papers of which 162 were discarded at the first screening by two investigators and articles considered to be relevant were screened by the same investigators.

Conclusions: The SLR revealed 352 papers of which 162 were discarded at the first screening by two investigators and articles considered to be relevant were screened by the same investigators. The SLR revealed 352 papers of which 162 were discarded at the first screening by two investigators and articles considered to be relevant were screened by the same investigators. The SLR revealed 352 papers of which 162 were discarded at the first screening by two investigators and articles considered to be relevant were screened by the same investigators. The SLR revealed 352 papers of which 162 were discarded at the first screening by two investigators and articles considered to be relevant were screened by the same investigators.

Disclosure of Interest: None declared.


---

**THE FREQUENCY OF RECURRENT ORAL ULCERS IN FAMILY MEMBERS OF PATIENTS WITH BEHÇET’S DISEASE**

N. Cakır, B. Çelik Yıldırım, N. İmerüz,1 R. Rheumatology, Medeniyet University School of Medicine, Department of Rheumatology; 2Gastroenterology, Marmara University School of Medicine, Istanbul, Turkey

Background: It is unknown whether the observed geographic disparities in Behçet’s Disease (BD) occurrence reflect primary genetic susceptibility or environmental influences within specific populations. Family aggregation studies may help discriminate between environmental and genetic components but there are no large family surveys.

Objectives: The aim of this study was to contribute to a better understanding of the genetic aspect of familial aggregation studies in Turkey.

Methods: The study group consisted of siblings and children of 133 unrelated consecutive patients followed up at the BD outpatient clinic in FSM Hospital, Istanbul. Siblings and individuals were interviewed via telephone regarding if they had ever suffered from recurrent oral ulcerations (ROU). Children less than ten years old were surveyed via discussion with their parents. Symptoms and signs of Behçet’s disease in family members were also interviewed via telephone. Subjects experience ROU, at least three episodes in one year, were invited to attend further examination, and also were asked whether anyone in their family had BD.

Results: Total 133 patients with BD (86 F, 47 M, respective mean ages: 39.9±11.7, 43.9±10.4 years) had 271 children (137 F, 134 M) and 642 siblings (319 sisters, 323 brothers, respective mean ages: 42.1±13.6, 40.7±14.4 years). All 642 siblings were contacted by telephone: 62 siblings (33 F, 29 M, respective mean ages: 17.9±9.8, 18.2±9.9 years) and 84 children (63 F, 21 M) had positive BD history. All probands were invited, only 36% family members attended. Apart from patients with BD, 146 family members had ROU (14%). The estimated ROU rate among siblings and children was 9.6%, and 31% respectively. Among members there were 13 patients with BD (2 fathers, 1 mother, 2 children, 3 brothers, 5 sisters). Eleven of these were diagnosed at another centre. We identified 2 additional patients who met ISG criteria during the survey. Only five spouses had ROU (0.5% of members).

Conclusions: In a study from Istanbul, ROU was reported as 9.5% in the general population. In our previous study, that was conducted in an area that was reported as having the lowest prevalence rate of BD, this was estimated as 2.1% in the general population. The ROU rate in the current study for total family members was 16%, and 31% for children, which was higher than in the general population. The rate of patients with BD in the studied cohort, apart from previously diagnosed patients, were 140 per 10,000 while the reported prevalence rates changed among siblings and children was 9.6%, and 31% respectively. Among members there were 13 patients with BD (2 fathers, 1 mother, 2 children, 3 brothers, 5 sisters). Eleven of these were diagnosed at another centre. We identified 2 additional patients who met ISG criteria during the survey. Only five spouses had ROU (0.5% of members).

Disclosure of Interest: None declared.


---

**TREATMENT WITH INTRAVENOUS IMMUNOGLOBULIN IN THE VASCUITIS ANCA POSITIVE, 27 CASES STUDIED IN A SINGLE REFERENCE CENTRE**

N. Avilés Mendez, V. Calvo Rio, J. Lorica, B. Atienza Mata, J.L. Martín Varillas, J. Blanco, R. Blanco, M.A. Gonzalez-Gay. 1Rheumatology, Hospital Universitario Marqués de Valdecilla. IDIVAL, Santander, Spain

Objectives: Intraheumoglobulins (IGIV) is a therapeutic alternative in vasculitis ANCA+ specially in cases of refractory or superinfection. We study the efficiency and safety in the short and long term of the IGIV in the vasculitis ANCA+.

Methods: Descriptive and observational study of 27 patients with vasculitis ANCA from a reference tertiary hospital. We analysed the treatments received, the clinical and analytical evolution and the diagnosis of activity and evolution (TABLE). Birmingham Vasculitis Activity (BVAS) was the activity index used, and for prognosis Five Factory Score (FFS).Results are indicated as mean ±SD when necessary.

Information on follow-up was known in 30 patients for a median of 18.5 months (IQR 10–48 months).

Conclusions: AI is less frequently recognised but prognostically important complication of RP. Thoracic aorta is the most frequently involved site. Surgery is needed in the majority of patients. Medical treatment is empirical and is based on glucocorticoids and immunosuppressives including biologic agents. Despite treatment, mortality is high (18% during a median of 24 months).

Disclosure of Interest: None declared.